

# LOUISVILLE MEDICAL NEWS.

*"NEC TENUI PENNA."*

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EDITORS.

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## PUBLIC HEALTH.

The last legislature of Kentucky did two commendable acts which we, in common with the secular press, urged upon them. One was a complete change in the sanitary conduct of the penitentiary; the other, a grant of larger powers to the State Board of Health. The latest mortuary report of the penitentiary gives emphatic confirmation to the general belief that there was something rotten in the old system. The deaths from May 21st to November 1st of this year were only two, while for the corresponding period of 1879 there were thirty. Making every allowance for the effect of possible variations in the weather and other unpreventable causes of disease, a difference of twenty-eight deaths in less than six months illustrates unmistakably the advantage of employing skilled officers directly responsible for the sanitary condition of the convicts. An eminent English writer has said that a well-regulated prison could guarantee its inmates a more perfect immunity from preventable disease than any private dwelling could its free tenant. High walls and a guard at the gate will shut out contagion; intemperance and exposure to bad weather can be made impossible; personal hygiene is obligatory; plain and regular fare, with proper ventilation and warming, are supposed to be secured by the commissioners. The resident physician, Dr. Gober, deserves much praise for this unmistakable evidence of his efficiency. His results compare favor-

ably with those of any other prison in the world.

The work imposed on the State Board of Health is far more difficult. Its authority is but small, and the community, to say the least, is not enthusiastically appreciative. It must save the citizen in spite of his ignorance and indifference. Without straw it is called upon to make the brick for a general shelter from preventable disease. The second annual report is before us. No one can regret the absence of accounts of epidemics such as made up the bulk of the preceding volume. Admirable as they were, we are glad to find that in 1879 there was no occasion for them. In the summary of mortality it is stated that there were 7,947 deaths in 1879, while in 1878 there was a total of 5,043. This rise of fifty per cent is apparent, not real. A little examination shows the reason for this increase. We discover that in 1878 only eighty-nine county assessors sent in their statistics as required by law, while in 1879 there were one hundred and two faithful to this duty. The imperfect nature of these county reports has been frequently adverted to. It is still so obvious that we do not wonder the secretary dismisses them as unworthy serious analysis. It would be profitable, however, to make a comparative study of the two reports by counties, if only to show whether or not there has been any general improvement in the method of gathering facts. A very good sign is the disappearance of the word "unknown" from the causes of death in a number of counties, that in the first report included many deaths under that head.

As a rule, we find nearly twice as many

different causes put down in the last reports, showing not an increase in the number of diseases, but either a more accurate diagnosis by the doctor or a more painstaking statement by the assessor. This is certainly encouraging.

According to the census of 1870, Kentucky had a population of 1,321,000. By the failure of county assessors in collecting statistics of deaths, births, and marriages, one sixth of this number have no official statement of their "vital movements." For twelve counties, most of them old and populous, no record has been made. The blame for leaving out of this report all notice of the people of Clark, Daviess, Fayette, Hardin, Hart, Henry, Jefferson, Mercer, Owen, and Perry counties, which aggregated in 1870 a quarter of a million souls, appears to lie at the doors of their respective assessors. Let the proper officers, including the State Auditor, see to it that this neglect is not repeated. It is the intention of the State Board of Health to ask the physicians of Kentucky to make direct report to them for the ensuing year. This method, imitated from the National Census Bureau, is worth a trial. It will have a stimulating effect upon the doctors as well as on the county assessors. The former will be brought into immediate correspondence with the secretary; the latter will find that there is "a chiel among them takin' notes, and faith he'll print 'em."

The Board of Health has wisely reserved a large part of its annual appropriation for the work of organizing the local boards in the counties. They have a very important part to play in educating the people to a proper appreciation of sanitary laws. To them the people should look for instruction and protection; to them the state looks for the execution of its laws. They should have regular times of meeting, and monthly reports should be sent to the secretary, Dr. Speed, of public nuisances, of epidemics, of the first appearance of contagious and infectious diseases.

Slowly but surely the central office can in

this way establish a network of communicating lines, and in ten years, if not sooner, show, by diminishing bills of mortality, that the first duty of the state in protecting the lives of its citizens has not been neglected.

**OBITUARY.**—Dr. Edward Seguin, of New York, founder of the first school for idiots in this country, and president of the American Association of Medical Officers having charge of the education of idiots, died, 28th of October, in the sixty-ninth year of his age. Dr. Seguin was one of our most earnest and useful men. He was a charming companion and a pure scientist. He came to this country from France many years ago.

### Correspondence.

*To the Editors of the Louisville Medical News:*

In an editorial on Nitrous Oxide, No. 17 (October 23d) of your journal, you "indorse" a quotation from Dr. Reeve's paper on the same subject in Hay's journal, that we think does great injustice to an honorable branch of the medical fraternity—the specialty of dentistry. After quoting from the statistics of the Colton Dental Association, you go on to say:

We don't know exactly how trustworthy these statistics are. As the morals of the trade go, a tooth-pulling stock company might throw in a few thousands more or less of safe results without exciting remark; but the probabilities are nevertheless that nitrous oxide is safe, very safe, for its purposes. Dr. Kappeler records only three fatal cases, and Turnbull four. We remember just now but a single death having been credited to this agent in Louisville—ten or eleven years ago. As to "unpleasant symptoms" not accompanying the use of the agent, it strikes us greatly as a matter of taste, so far as appearances go; for we may swear that one will see far more pleasant sights than a patient under nitrous oxide. The affair is quickly over, however, and we can fully indorse every word that Dr. Reeve says about it: "Especially adapted as is nitrous oxide for dental operations, and safe as it has been shown to be, the administration of any other anesthetic by a dentist should be considered criminal."

We suppose the dental profession ought to be profoundly grateful for Dr. Reeve's generosity, and yours also, Messrs. Editors, as you heartily "indorse" his sentiments. As a member of that fraternity, and as one

governed by the "morals of that trade," we recognize and appreciate your justice in leaving us the free use of that one anesthetic, inasmuch as Dr. Horace Wells, of Hartford, Conn., a dentist, was its discoverer. Many individuals and some corporations of no mean pretensions have gone so far as to assert the belief that to this man is due also the credit and honor of introducing ether as an anesthetic. The city of Hartford and the state of Connecticut have asserted it as strongly as monumental marble can speak it. In 1870 the legislature of Connecticut appropriated five thousand dollars and the city of Hartford ten thousand dollars for the purpose of erecting a monument to his memory.

The American Dental Association in 1864 passed resolutions declaring, among other things, "that to Horace Wells, of Hartford, Conn. (now deceased), belongs the credit and honor of the introduction of anesthesia in the United States of America."\* In 1872 the American Dental Association indorsed an effort then being made by dental and medical practitioners to provide a "Wells testimonial fund" for the benefit of his family. In 1874 the dentists of London, England, forwarded to Mrs. Wells, with a sum of money, an elegantly engrossed testimonial to the merits of her former husband, "to whom the world is indebted not only for the introduction of nitrous oxide as an anesthetic, but also for giving that impetus to the study of anesthesia which has resulted in the introduction of ether, chloroform, and various other agents for effecting that object."

We should like extremely to rehearse, for the benefit of some of your readers, some of the history of anesthesia, but time and space narrow us down to a mere statement of salient facts.†

Horace Wells used nitrous oxide gas as an anesthetic as early as September, 1844, and the record shows that he employed sulphuric ether in a like manner the following year, 1845.†

It was not until 1846 that his unprincipled student, Wm. T. G. Morton, then practicing dentistry in Boston, and his former friend, the chemist, C. T. Jackson, of Boston, jointly applied for letters-patent, and attempted not only to rob him of the honor but the emoluments of his discovery. "At the first session of the Thirty-second Congress (December, 1851) Morton presented a memorial to the House asserting his claims

to the discovery of anesthesia, and praying for an appropriation in his behalf."\* Jackson appeared before the committee to which this was referred, as a rival claimant. Congress had nearly rewarded their prayers at one time with an appropriation of one hundred thousand dollars, but the thing fell through finally, and the effort to obtain governmental reward was at last abandoned. These unprincipled men did obtain from various medical societies, individuals, and institutions an aggregate sum of one hundred and twenty-five thousand dollars. Meanwhile Wells died in comparative obscurity, leaving his family almost penniless.

In all the annals of medicine there is recorded no grander achievement than this which has given to suffering humanity painless surgery. If the thing did not originate in the specialty of dentistry, history has on its pages one most enormous lie, and the world has been greatly deceived. We don't claim any thing more for dentistry than the record shows, but we think—and we beg pardon, Messrs. Editors, if we must dissent from your opinion and that of Dr. Reeve—we think that well-informed dentists may use any anesthetic they like without laying themselves liable to criminal indictment, provided the patient recovers all right. We have many times committed this heinous offense, if criminal it be, and expect to do so often in future.

L. G. NOEL.

LOUISVILLE.

#### AXILLA LACTATION.

*To the Editors of the Louisville Medical News:*

Judging from the name of your journal I suppose you want all the medical news you can get; and as I have a patient anatomically and physiologically peculiar, I wish to report the case.

I delivered a black woman in this city of her first child one month ago. A few days after the birth of the child she sent me word that milk was running out from under her arm and down her side. I went to see her, and found that it was really axilla lactation. I went to see her again this morning to make a full investigation of the case. There is a milk-gland in the right axilla, but no nipple. The gland is about an inch and a half in diameter. When pressed between the fingers pure milk flows out through a small aperture. Her mammary glands are large and furnish a free flow of milk. S. F. SMITH, M.D.

FRANKFORT, KY.

\* History of American Dentistry.

\* Dental Cosmos, vol. 6, p. 85.

† History of American Dentistry, p. 88.

[This case presents a curious freak of nature. Supernumerary mammae are encountered now and then, and we know a little girl with double nipples. Cases are on record where four and even more breasts have been observed on the same female.—EDS.]

### Reviews.

**A Practical Treatise on Fractures and Dislocations.** By FRANK H. HAMILTON, A.M., M.D., L.L.D., Surgeon to Bellevue Hospital, New York; Consulting Surgeon to Hospital for Ruptured and Cripples, to St. Elizabeth Hospital, etc.; author of a treatise on Military Surgery and Hygiene, a Treatise on the Principles and Practice of Surgery, etc. Sixth American edition, revised and improved. Illustrated with three hundred and fifty-two woodcuts. Philadelphia: Henry C. Lea's Son & Co. 1880.

Dr. Frank Hamilton is one of the best-known American surgeons. He is a man of untiring energy, of unlimited industry, of strong convictions, of exalted integrity, and of great ability. On many points in surgery his views are warmly opposed by other eminent surgeons; but that he has no small following is evinced by the fact that his work has reached its sixth edition, the treatise having now been before the profession twenty years. The present edition, besides being thoroughly revised, contains much new and valuable matter. We shall further notice this volume at an early day.

**Diseases of the Pharynx, Larynx, and Trachea.** By MOREL MACKENZIE, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians, Vienna. New York: William Wood & Co., 27 Great Jones St. 1880.

Dr. Mackenzie is a man of the clearest and strongest mind, of immense experience, of the highest professional standing in the world's great center of medical learning, and has given us a work complete in every respect; indeed as perfect as a book can well be. Certainly it must be a long time ere any other throat-doctor writes a work on the diseases of the pharynx, larynx, and trachea because he believes he can "fill a want long felt." It is destined to be the great text-book on the subjects of which it treats. It belongs to Wood's popular Library of Standard Medical Authors.

**A Treatise on the Diseases of the Eye.** By J. SOELBERG WELLS, F. R. C. S., Doctor of Medicine of the University of Edinburgh, Professor of Ophthalmology in King's College, London; Ophthalmic Surgeon to King's College Hospital; Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Third American from third English edition, with copious additions. By CHAS. STEDMAN BULL, A.M., M.D., Surgeon and Pathologist to the New York Eye and Ear Infirmary, Lecturer on Ophthalmology in Bellevue Hospital Medical College. Illustrated with two hundred and fifty-four engravings on wood and six colored plates, together with selections from the test-types of Professor E. Jaeger and Professor H. Snellen. Philadelphia: Henry C. Lea's Son & Co. 1880.

This new edition of Dr. Wells's great work on the eye will be welcomed by the profession at large as well as by the oculists. It contains much new matter relating to treatment and pathology, and is brought thoroughly up with the present status of ophthalmology. Its chapter on refraction and accommodation—a subject much discussed of late years, and of great importance—is exceedingly complete.

**A Treatise on the Practice of Medicine for the Use of Students and Practitioners.** By ROBERTS BARTHOLOW, M. A., M. D., LL. D., Professor of Materia Medica and General Therapeutics in Jefferson Medical College of Philadelphia; formerly Professor of Theory and Practice of Medicine and of Clinical Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Society; Honorary Member of the Medical and Chirurgical Society of Maryland, of the Ohio State Medical Society, of the Cincinnati Academy of Medicine, of the New York Neurological Society; President of the American Neurological Association, etc. New York: D. Appleton & Co., Nos. 1, 3, and 5 Bond Street. 1880.

Br. Bartholow's book has received almost universal and unqualified praise from the medical press, and is sure of great popularity with the profession, as the author is a man of note, believes in the germ theory now regnant in the medical mind; belongs emphatically to the physiological school which is today in the ascendant; and because the work, while commendably concise, is in the clearest and best English; and, although not in the least ornate, is peculiarly attractive to the quick and busy medical mind of the day. The author is a strong believer in the efficacy of medicines, and in this we agree with him, although we do not draw our faith from the same source. Dr. Bartholow's Practice of Medicine will greatly augment his already widely-extended fame in this country and in Europe.

**The Compend of Anatomy for Use in the Dissecting-room, and in Preparing for Examinations.** By JOHN J. ROBERTS, A. M., M. D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, Recorder of the Philadelphia Academy of Surgery, recently Instructor of Surgery in the Jefferson Medical Association, etc. Philadelphia: C. C. Roberts & Co., 118 Arch Street. 1881.

This diminutive handbook is what its name indicates. The author says, in his preface, "It is a concise statement of what is deemed essential to the student in following the lectures of myself or other teachers of human anatomy." Again he says, "My own students will recognize in the presentation of many subjects much that is familiar to them in my annual courses of lectures," etc. No doubt the author's students of the past will purchase the Compend as a pleasant and useful reminder, and those of the future must do so, as it is "deemed essential."

**Navy Department: Bureau of Medicine and Surgery. REPORT ON YELLOW FEVER ON THE U. S. S. PLYMOUTH IN 1878-79.** Prepared under direction of PHILIP S. WALES, Surgeon-general U. S. Navy. Washington: Government Printing-office. 1880.

We thank the distinguished author for the copy of this interesting and valuable report which he has sent us. All persons interested in state medicine will read it with profit. It is handsomely printed and illustrated, and is exceedingly well written.

**Index-Catalogue of the Library of the Surgeon-general's Office, United States Army: AUTHORS AND SUBJECTS.** Vol. I. A. BERLINSKI. With a list of abbreviations of titles of periodicals indexed. Washington: Government Printing-office. 1880.

Too much praise can not be given Dr. Billings for the excellent and enormous labor he has accomplished in perfecting this great and useful work. He deserves the gratitude of his professional brethren of the present and of the future.

**The Physician's Visiting-list for 1881.** Thirtieth year of its publication. Philadelphia: Lindsay & Blakiston. Sold by all booksellers and druggists. For sale by JOHN P. MORTON & CO., Louisville.

No better visiting-list has ever been devised. Indeed, to our taste it is superior to all others.

**A Practical Treatise on Nasal Catarrh.** By BEVERLY ROBINSON, A. M., M. D. (Paris), Lecturer on Clinical Medicine at Bellevue Hospital Medical College, New York; Physician to St. Luke's Hospital and Charity Hospital; etc. New York: Wm. Wood & Co., 27 Great Jones Street. 1880.

Dr. Beverly Robinson is well and favorably known to the members of the profession who are familiar with medical-journal literature. A gentleman of ability, culture, and experience, his work reflects the mind of its author. It is a "succinct though complete account of personal experience and convictions," and it will, the author hopes, prove a valuable and practical guide to others.

**A Manual of Minor Surgery and Bandaging.** By CHRISTOPHER HEATH, F.R.C.S., Surgeon to University College Hospital, and Home Professor of Clinical Surgery in University College, London; Honorary Fellow of King's College. Sixth edition, revised and enlarged, with one hundred and fifteen illustrations. Philadelphia: Lindsay & Blakiston. 1880.

Mr. Heath's work is always admirable, and that he is compelled to bring out a sixth edition of this little book shows to how great an extent it is appreciated. This manual is especially intended for students and young practitioners, but it is worthy a place in the library of every doctor who does any surgery.

## Books and Pamphlets.

**THE RELATIONS OF THE PLACENTA TO POST-PARTUM HEMORRHAGE.** By Walter Coles, M. D., Consulting Physician to St. Ann's Lying-in Asylum, St. Louis. Read before the St. Louis Medical Society, March 5, 1880. Reprint from the St. Louis Medical and Surgical Journal, March 5, 1880.

**LATERAL LITHOTOMY, WITH THE SUCCESSFUL REMOVAL OF A CALCULUS AND SEVEN PIECES OF INCROSSED BONE FROM THE BLADDER OF AN INDIAN SCOUT, NINETEEN MONTHS AFTER THE RECEPTION OF A GUNSHOT WOUND.** By J. M. Banister, A. B., M. D., Assistant Surgeon U. S. Army; Post-Surgeon, Ft. Reno, Indian Territory. Extract from the American Journal of the Medical Sciences for October, 1880.

**SURGICAL TREATMENT OF NASO-PHARYNGEAL CATARRH.** By D. H. Goodwillie, M. D., D. D. S., New York City, late Clinical Assistant to the Metropolitan Throat Hospital; Permanent Member of the American Medical Association; Member of the New York Neurological Society, of the Medical Society of the County of New York, etc. First edition. Read before the American Medical Association. Reprint from the Medical Gazette, July 31, 1880.

**A CONTRIBUTION TO THE RELATIVE VALUE OF THE DIFFERENT OPERATIONS FOR DELIVERY IN NARROW PELVES, WITH THE HISTORY OF EIGHTEEN CASES.** By Aug. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore; Surgeon in Charge of the Maryland Woman's Hospital, etc., Baltimore, Md. Reprint from the Maryland Medical Journal for October 1 and 15, 1850.

**TREATMENT OF POST-PARTUM HEMORRHAGE.** By Geo. J. Engelmann, M. D., Fellow of the American Gynecological Society; Fellow of the London Obstetrical Society; Corresponding Fellow of the Philadelphia Obstetrical Society; Consulting Surgeon to St. Louis Female Hospital, to St. Anne's Lying in Asylum, etc. Reprint from the Transactions of the Southern Illinois Medical Association, held at Cairo, Ill., January 22, 1880.

**THE DANGERS INCIDENT TO THE SIMPLEST UTERINE MANIPULATIONS AND OPERATIONS.** George J. Engelmann, M. D., St. Louis. Reprint from Transactions of the Missouri State Medical Society, 1880.

**TIME OF CONCEPTION AND DURATION OF PREGNANCY.** By Geo. J. Engelmann, M. D., St. Louis.

### Pharmaceutical.

THE granular and effervescent preparations of Keasbey & Mattison—for sale by John Colgan, of this city—are elegant, efficient, and excellent in every way.

THE compressed tablets of chlorate of potash, citrates of iron, quinia, strychnia, etc. of Wyeth & Bro. we have found delightful forms of medicine.

BAKER'S EMULSION we have found the most palatable form of cod-liver oil. It is pleasant and potent.

THE bisulphate of quinine, made by Mc-Kesson & Robbins, we heartily commend to the profession.

### Miscellany.

**WHAT IS A COLD BATH?**—The season of the year when very many people who have experienced pleasure and advantage from a daily cold bath have to discontinue the practice is come (*Lancet*, October 23d). Months will pass before the return of genial weather will allow of their indulgence in what may be termed man's natural stimulant. Among the young and robust there are a large number who are able to bathe even in the depths of winter. The advantage of so doing is,

however, questionable. But let it be once well understood what a cold bath really is, and the course by which we can avoid Scylla and Charybdis will be obvious. A cold bath is not necessarily a bath in water of the temperature of the atmosphere. A bath is truly and really cold when it produces a certain physiological effect—a slight momentary shock followed by pleasant and lasting reaction. These effects are, for the majority of people, most pleasantly obtained by bathing in water about thirty-five to forty degrees below the temperature of the body—the usual temperature of unheated water in June and July. Bearing this in mind, we can enjoy our physiological "cold" bath as safely and pleasantly at Christmas as at midsummer, and there is no necessity for the most timid or weakly to discontinue his morning-tub because the summer weather is over. When the water sinks below a temperature of sixty degrees, let it be heated to that point and then used, and we shall still have our "cold" bath, though of heated water. The daily stimulant effect of such a bath is so beneficial to the great majority of persons, and is of such marked service in maintaining health, that it is very important to have it widely known that a cold bath may be taken all the year round provided cold is not mistaken to mean "at the temperature of the outer air." To heat our bath during the winter months is too often thought to be unmanly, while in reality it is truly scientific; and to bathe in unheated water all the year round, whatever the temperature that water may be, is to prove oneself an ignorant slave of outward circumstances.

**LISTERISM AND OVARIOTOMY.**—We copy part of a pungent editorial from the Louisville Medical News, and can heartily indorse the sentiments expressed by its editors.—*Medical Record*.

[As our readers know, we regard Listerism as a baseless absurdity which will not outlive the century. Already in New York it is losing ground, the *Medical Record* says. It is a capital placebo, and by the faith that it inspires in the patients, who have been told of its marvelous potency, it does good. Where the carbolic acid is sufficiently abundant it may do good by glazing the cut surfaces with a thin coagulum, and thus protecting them from the irritant action of air and water—but this is all.]

**THE ETIOLOGY OF TYPHOID FEVER.**—We hear from numerous sources of a quite unusual number of outbreaks of typhoid fever in various parts of the country. The outbreaks are reported as mostly occurring in small rural communities whose system of excrement disposal is by pit-privies, and whose water-supply is derived from wells dug in the vicinity of the houses and therefore of the privies. There is usually no history of any previous case before the outbreak begins; and unless the latter is to be accounted for on the pythogenic theory, which does not receive general acceptance, the reason for the outbursts which seem so common at this time of year must be found elsewhere. The most natural explanation would seem to be that which rests upon the presence of old germs of the disease lying latent in the soil. A prolonged drought such as was experienced this summer dries the subsoil and sinks considerably the level of the water in the wells. A heavy rainfall comes, which, in rapidly filling the wells, percolates quickly through the dry subsoil, and carries with it unaltered those germs which under the ordinary condition of things would pass so slowly through the soil as to be oxidized and made innocuous before they reach the well. So many outbreaks have occurred and are occurring, for the origin of which the only rational method of accounting is to be found in some such explanation as this, that it seems important to insist upon the vitality of disease-germs, and to warn investigators that they must not too readily accept the *de novo* theory because no recent previous case can be discovered to account for the appearance of the disease.—*British Med. Journal.*

**HUMOROUS PHYSIOLOGY.**—A report on the examination of girls in board schools, for the prizes offered by the National Health Society, was recently presented to the London School Board (*London Globe*). One girl says, "The chyle flows up the middle of the backbone and reaches the heart, where it meets the oxygen and is purified." Another says, "The work of the heart is to repair the different organs in about half a minute." Another says, "We have an upper and a lower skin; the lower skin moves at its will, and the upper skin moves when we do." In many of the papers errors in spelling are very numerous. One child says, "The heart is a *comical-shaped bag*." Another says, "The upper skin is called *eppe-derby*, and the lower skin is called *derby*." Another says the organs of digestion are

"stomach, *utensils*, liver, spleen." Another speaks of the "*elementry canna!*" Another says digestion is reducing our food into a "*plump*." Another says that in the heart "there is a fleshy *petition*, and it is divided into four parts, called the left *artillary*, the right *artillary*, etc." Of the simple word "*chew*" the inspector noted three distinct variations. One girl says, "First we put the food in our mouth; then it is *shewed*; some people say our food is *shewed* twenty-seven times." Another says, "The process of indigestion is that when we do not *eschew* our food enough it gives us indigestion." "The loss of teeth is a serious matter, as we can not *schew* our food enough." Another says, "First, before we can swallow any food it *as to be jewed*, and *their* is a substance which helps to *jew* it called saliva, and in that saliva *their* is a substance called ptyalin."

**SOURCES OF FAT.**—Liebig was the first to definitely announce the theory which refers the fat genesis to the carbo-hydrates in the food. The view was generally adopted by chemists and physiologists. In 1865, at a meeting of agricultural chemists held in Munich, Voit announced the theory, based on experiments with Pettenkofer's respiration apparatus, that the true source of fat was to be found in the nitrogenous foods. Mr. Lowes and Dr. Gilbert, of the agricultural station at Rothenestead, afterward undertook an extensive series of experiments to show that it would be impossible for all the fat to be produced from the nitrogenous foods, which seem definitely to prove that at least a large portion of fat must be derived from the carbo-hydrates in the food. The results of practical feeding also show the same. Dr. Gilbert, in his late address as president of the chemical section of the British Association, summarizes the results of experiments up to the present time. Wolff, Henneberg, Kern, and Wattenberg, among chemists, agree with Gilbert that the carbo-hydrates play a most important part in fat production. On the other hand, Voit is still followed by many physiologists in ascribing fat production solely to nitrogenous foods. From the mass and kind of testimony Gilbert has adduced, it must be admitted that the old theory of Liebig is best supported by the facts.—*Chicago Medical Review.*

**THE Tri-State Medical Society of Illinois, Indiana, and Kentucky** closed its session at Louisville on the 12th inst.

**THE GODFATHER OF THE BACTERIA IN DANGER.**—The Paris correspondent of the *Lancet* writes: An unpleasant incident occurred at the last meeting but one of the Academy of Medicine. After a speech from M. Jules Guérin, in which that gentleman objected, both as a savant and as a ratepayer, to the government grant awarded to M. Pasteur, the latter replied in a violent manner, and in a tone which was supposed by M. Guérin to impugn his scientific honor. The most objectionable phrase was as follows: "When in the name of clinical principles a man has proposed to aspire pus to the surface of wounds by means of an india-rubber cap, some tubes, and a pneumatic pump, he is capable of any thing (*on est capable de toutes les audaces*), and finds the careful and correct experimenter, who will not announce his method to the world before being able to demonstrate it, singularly simple. This is a question of scientific honor. I shall not risk compromising mine by too hasty publication for the satisfaction of gratifying the indiscreet and unhealthy curiosity of M. Guérin." M. Guérin was anxious to reply, but on the motion of Baron Larrey the sitting was immediately adjourned. What followed is not published in the official bulletin of the Academy, but may be described as a "row" between the two savants. After making a vain attempt to "go for" M. Pasteur, and unrestrainedly expressing his opinion about his colleague's veracity, M. Guérin retired. The following day brought his resignation as a member of the Academy of Medicine and negotiations for a "meeting." M. Pasteur then placed himself in the hands of two friends, and by their intervention the matter has been arranged satisfactorily. At the last meeting a pacific letter was read from M. Pasteur, and it was announced that M. Guérin had withdrawn his resignation.

**WHY WE EAT OYSTERS RAW.**—Dr. Wm. Roberts, in his interesting lectures on the digestive ferments, states that our practice in regard to the oyster is quite exceptional, and furnishes a striking example of the general correctness of the popular judgment on dietetic questions (*London Med. Record*). The oyster is almost the only animal substance which we eat habitually, and by preference, in the raw or uncooked state; and it is interesting to know that there is a sound physiological reason at the bottom of this preference. The fawn-colored mass which constitutes the dainty of the oyster is its

liver, and this is little else than a heap of glycogen. Associated with the glycogen, but withheld from actual contact with it during life, is its appropriate digestive ferment, the *hepatic diastase*. The mere crushing of the dainty between the teeth brings these two bodies together, and the glycogen is at once digested without other help by its diastase. The oyster in the uncooked state, or merely warmed, is in fact self-digestive. But the advantage of this provision is wholly lost by cooking; for the heat employed immediately destroys the associated ferment, and a cooked oyster has to be digested, like any other food, by the eater's own digestive powers.

[The true reason is, because they are good to eat raw. In Germany ham and sausages are habitually eaten raw, as are dried venison and beef every where. Are glycogen and hepatic diastase found in these foods? Trichinæ and tapeworm's eggs are! Do these creatures perform the office of the glycogen and hepatic diastase?]

**SALESMEN.**—The four representative dry-goods houses in Philadelphia, employing from one hundred and fifty to two hundred women each, as clerks, and a large number of smaller establishments, now provide seats for their saleswomen when not engaged with customers (*Chicago Medical Review*). A reporter of the *New York Sun* has been interviewing the managers of these large establishments relative to this subject, and they unanimously report that this plan results in better health and greater efficiency on the part of the saleswomen.

**COPPER ON PLANTS.**—M. Dieulafait reports the presence of copper in plants that grow on rocks belonging to the older geological formations. He says plants growing in soil formed by the decomposition of primitive rocks contain such quantities of copper that it is possible to detect it in one grain of their ash by means of ammonia.—*Boston Jour. of Chem.*

**DR. AUSTIN FLINT, JR.**, has declined an invitation to accept the chair of Physiology in the Jefferson Medical College of Philadelphia. The Bellevue Hospital Medical College is to be congratulated on this decision. But we wonder what Philadelphia had to offer which New York has not—outside of Dr. Buchanan.—*Medical Record*.

**VALUE OF VENTILATING SEWERS.**—The town of Padstow, in Cornwall, is said to furnish an excellent example of the value of thoroughly ventilating the sewers (*Med. Times and Gazette*). Acting on the recommendation of Dr. Blaxall, the Local Government Board Inspector, the local authorities have during the last eighteen months put into practice the course advocated at the meeting of the Sanitary Institute recently held at Exeter, that of ventilating sewers so as to permit sewage-gas to escape into the atmosphere as soon as it is generated, and before it becomes dangerous to the public health. As a result, the town has during the last twelve months enjoyed complete immunity from zymotic diseases.

**AN UNCOMMON OCCURRENCE.**—In Holland three triplet brothers—a naval employe, a solicitor, and a postmaster—have just celebrated their fiftieth birthday, all being in excellent health.

### Selections.

**Nitro-glycerin for Seasickness.**—A writer in the British Medical Journal says: An invitation from a friend to join him for a little yachting expedition has given me an opportunity of trying nitro-glycerin for preventing and relieving the horrors of seasickness. Our course was down the Thames, in and out of Ramsgate, and as far south as Dover, in a small cutter of twelve tons. Returning from Dover early in the morning of Monday, August 30th, with a north-east breeze, wind against tide, in the Downs we had a good deal of swell for our little craft, and she dipped her bows frequently. We had not reached the South Foreland before I began to feel a certain amount of squeamishness and nausea. Dreading the retching on an empty stomach (we had hoped to breakfast on the way or after our arrival at Ramsgate), I munched up a nitro-glycerin tablet containing one hundredth of a grain. In a few minutes I felt the fullness and throbbing in the head which even this dose will cause; the nausea and tendency to sickness quickly subsided; there only remained a qualmish feeling at the pit of the stomach, which did not entirely disappear until we reached Ramsgate Harbor and had breakfast. My friend, who had noticed my condition, had his two boys on board, aged seven and eight respectively. The elder was sick early in the voyage, and both felt ill. He gave them each one third of a tablet, which had the desired effect; they soon recovered their usual spirits, and were able to enjoy their breakfast on board at our destination. Next morning (Tuesday) we breakfasted before starting. The sea was calmer as we left Ramsgate, but as we rounded the North Foreland there was a considerable swell on, about equal to the day before. The two boys and myself repeated our doses of nitro-glycerin earlier on this occasion, as we could see what was coming. We thus warded off any traces

of nausea even. We lay off Whitstable that night. Next morning (Wednesday) we got up as far as Southend and anchored near the jetty. Today (Thursday) my friend's wife and her sister joined us for a sail up the river and back with the tide. Both are bad sailors and soon felt nauseated. They tried a little spirit and water, and afterward I gave each half a nitro-glycerin tablet. On one the effect of this dose was quite marked. Her sister, although much slighter and more delicate, did not observe its physiological action, but both soon obtained relief, which they attributed to the nitro-glycerin. They were then able to enjoy some shrimps and bread and butter-eating, one of them informed me, being a feat she had never been able to perform on shipboard before. My friend's wife felt a little nausea this afternoon when we came ashore, but this was no doubt due to the overpowering heat. I had left my nitro-glycerin on board, or I might have repeated the dose; but the attack soon passed off. I think, for short journeys, an attack of seasickness may in most cases be entirely avoided by taking a dose of nitro-glycerin on going on board—one hundredth of a grain for robust and strong adults, one three-hundredth to one two-hundredth of a grain for children or delicate persons; but further trials are requisite.

**Cold Baths in Cerebral Rheumatism.**—Dr. Woillez has read an able paper on this subject at the Academy of Medicine (*Union Med.*). After advertising to the former fatality of the disease, he states that since 1870 it has become more and more evident that it may almost always be successfully treated by the application of cold, the cold bath at 20° C. (68° F.) being the form of using it which he prefers, repeating it every three hours until the cessation of the delirium and the reappearance of the swelling of the joints. Generally the cessation of the cerebral accidents only lasts for a short time after the first immersion, but gradually increases in duration after the subsequent ones, a refreshing sleep succeeding the period of agitation. When the baths cause shivering they should be discontinued.

In no instance in which they have been employed have they given rise to mischievous effects; and even when, owing to their defective application, they have not prevented death they have prolonged life. They may be prescribed under the following conditions: 1. When to the delirium there are added diminution or disappearance of the swelling of the joints and a temperature of 40° C. (104° F.) and above; under this combination the baths may be said always to succeed in procuring recovery at all periods of the disease, whether there be only delirium, coma, or imminence of death. 2. We should have recourse to them if with the delirium there is no diminution in the articular symptoms, but the hyperthermia exists. 3. The bath should be replaced by revulsives when merely delirium prevails, the articular disease pursuing its course and no hyperthermia being present.

Dr. Woillez observes that it is an error to regard the hyperthermia as the sole indication for the employment of the cold bath, the articular fluxion requiring also to be taken into consideration, since in a certain number of cases revulsive treatment having caused this fluxion to reappear a cure has resulted. Although so strong an advocate for the cold bath in cerebral rheumatism, he does not regard it as opportune in all general diseases with high temperature, and especially in typhoid fever, in which he considers it as ineffectual and injurious.—*Med. Times and Gas.*

**Local Etherization.**—In a communication to the *Centralblatt f. Chirurgie*, July 31st, Dr. Lauenstein, of the Hamburg General Hospital, observes that the employment of ether spray, on which such exaggerated expectations were at one time held, has now fallen into too general neglect, especially in private practice. If the manuals on surgery be consulted it will be found that local anesthesia is scarcely mentioned or spoken of disparagingly. According to the writer's experience if more be not demanded from ether spray than it can legitimately supply it is an invaluable means. At the Hamburg Hospital it is regularly employed in opening abscesses, making incisions in phlegmon, etc., counter-openings, tenotomy, operations on the bursa, the removal of small foreign bodies, and the extirpation of small cutaneous and subcutaneous tumors. It is also employed in phimosis, but as a general rule it should be avoided in operations about the genitals, as the ether causes so much pain and the intervention of a thick layer of moistened wadding is required.

The spray is much to be recommended in the removal of ingrowing toe-nail, and patches of lupus may be scooped out under its action. Affections of the nose or lips should be exempted, as the inspiration of the concentrated ether may prove dangerous, as it may also in operations on the gums, which are excessively sensitive to its action. The cheeks, forehead, and aural region may be acted on, protecting the eyes with moistened wadding. The great reduction of temperature which is produced does not interfere with the healing of the wounds. Great care is required not to bring the ether near light of any kind, for fear of explosion; but this inflammability does not contra-indicate its employment with the actual or galvanic cautery—the parts being first dried with wadding. The spray is very useful during transplantation, especially in private practice, when the patient has himself to supply the grafts. Under the spray they can be removed without any pain, and owing to the hardness of the skin produced this can be more easily effected. "To sum up my experience with ether spray, it is well suited for short and superficial operations, of small applicability to extensive operations, and is unsuited for those on the nose, lips, scrotum, and mucous membranes."—*Med. Times and Gazette*.

**The Hot Rectal Douche.**—A most interesting paper on this subject was read before the American Gynecological Association, at its last meeting, by the secretary, Dr. Jas. R. Chadwick. He recommended the douche chiefly for two entirely distinct classes of cases: *First*, inflammatory conditions of the rectum and large intestine, acute or chronic, characterized by diarrhea, pain, backache, etc.; *second*, the conditions that follow inflammations of the pelvic organs, and of the pelvic peritoneum or cellular tissue, characterized by painful defecation, backache, pain, or burning sensations in the abdomen, etc. He restricts the use of the douche to the post-inflammatory stages of disease. The water is used as hot as the hand will bear, and is gently allowed to flow from a fountain-syringe till the patient feels a desire to defecate; the flow is then suspended for a few minutes. About two quarts may be used, and are to be retained as long as possible. Intense desire to defecate should not be restrained, as this gives rise to severe expulsive efforts that may prove injurious. The douches should be taken about twice a day for two or three weeks.—*Amer. Jour. of Obstet.*

**Curious Cases of Volitional Control over Involuntary Acts.**—Dr. Berliakoff reports, in *Vratch* (Transactions of the Society of Russian Physicians) a case of a man suffering from syphilitic ulceration of the rectum who succeeded in gaining such control over his sphincters that he could, under certain conditions, open the anal orifice, permitting a perfect inspection of the rectal mucous membrane to the depth of seven centimeters, the anus appearing as a hole two centimeters in diameter. He could retain the parts in this condition for ten to fifteen minutes, becoming very much fatigued at the end. To accomplish it he had to place himself in the position known as *à la vache*, cover his head with a blanket or a gown, stop breathing and draw in the abdomen; perfect silence was absolutely necessary. He could not give any explanation of how he was doing this. Silence and darkness were necessary to permit him to concentrate his mind on the act. He was led to this by a desire to assist his physician, as local manipulations were very difficult and painful. Professor Massine, editor of *Vratch*, speaks of two medical students, one of whom can accelerate and the other retard the pulse-rate at will.—*Record*.

**Remarkable Tolerance of Opium.**—A case of diffuse puerperal peritonitis is reported by Dr. F. M. Welles, of New York, in which morphia was given for the first time on May 1st (one fourth of a grain), and increased daily till on May 10th fifty-seven and a half grains were administered. The dose was then gradually decreased. Patient recovered.—*American Jour. of Obstet.*

[The notes on this case are very well reported; so thoroughly indeed that we are led to believe that the whole trouble with this patient was produced by too great anxiety upon the part of the doctor, and a consequent useless hurry to do something. The notes plainly indicate that "syringing the uterus every two hours" for two days does not yield very satisfactory results just after confinement.]

**The Best Position for Women in Labor.**—An exhaustive paper on this subject, by Dr. Geo. J. Engelmann, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts, the doctor tells us that "Only in Siam are women kept in the recumbent position, flat on the back, the rarest of all positions during labor." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labor." He believes we should advise that in the early stages of labor the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labor she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.—*Ibid.*

**Curability of Syphilis.**—Fournier said of syphilis, "The diathesis is a period of health interrupted by explosions of the disease." Cazenave said, "One does not recover from the syphilitic diathesis, but lives with it as with the lymphatic temperament;" and an older writer observed that syphilis strikes with its victims "a truce oftener than a peace."—*Exchange*.

**Treatment of Dyspepsia.**—M. Damascino defines dyspepsia as a morbid state characterized by slowness and difficulty of digestion. This definition, so uniquely symptomatic, is very accurate, for dyspepsia is only really a symptom either during the evolution of a gastric affection or in the course of or subsequent to a general malady (*Le Progrès Médical*). The etiology of dyspepsia is very varied, for age, sex, temperament, habit, and certain diatheses exercise a marked influence upon the development and course of the digestive trouble. In this way the varied symptomatic forms which are observed in this pathological condition are explicable, as well as the inefficacy of the most rational methods of treatment which is so often noticed. Among the numerous remedies for dyspepsia the digestive ferments, and of these more especially pepsin, occupy the foremost place. To enable these remedies to act with certainty they ought to approximate as closely as possible to the conditions under which they act in the natural state; by the union of pepsin with hydrochloric acid a very soluble digestive ferment is obtained, which is found to possess an exceedingly energetic action; in combination with pancreatin, coca, and bitters, which increases its eupetric action, it forms the basis of the elixir of Grez. This preparation acts not only by its own digestive properties, but also by stimulating the secretion of the gastric juice, so that it is also a peptogen. A great number of experiments have been conducted in the French hospitals in regard to the use of this elixir in the treatment of intractable cases of dyspepsia, with the result that there has been a rapid improvement of the general condition with a complete remission of all the symptoms, pains, gastric meteorism, eructations, and vomiting. Affections connected with stomachal vertigo, and migraine arising from functional impairment, have been rapidly cured. Digestive troubles also which are so frequent in adults, and more especially at puberty, as well as in chloro-anemia, have invariably yielded to the influences of this remedy.

Phthisis is nearly always complicated with dyspepsia, often in the form of obstinate vomiting, which rapidly aggravates the condition of the patient; in such cases the elixir has afforded the most excellent results by curing the vomiting and altering the state of the alimentary canal. Rheumatic and gouty patients, who for a long time previously had digested with difficulty, have recovered their digestive functions after a few days of this treatment. Lastly, this elixir has been employed at the Children's Hospital in numerous cases of chronic diarrhea and vomiting with the very best results, and it has even been used with success in that most severe and dangerous of the affections to which children are exposed—infantile cholera.—*Practitioner*.

**Poisoning by Rhus Toxicodendron.**—Dr. H. L. Judd, of Illinois, states that his treatment for a number of years for poisoning by rhus toxicodendron, which has been very satisfactory, is as follows: Give quinine internally from fifteen to thirty grains for twenty-four hours, according to amount of constitutional disturbance and extent of eruption. Use as a local application spread on thin pieces of cloth: R. Ung. zinci oxid, 3 ij; liq. plumbi sub, 3 ij. Sig. Apply twice daily. The application of the above ointment is very grateful to patients, and allays the irritation and consequent burning sensation better than any remedy that I have used. It requires about two days to effect a cure.—*Boston Jour. of Chem.*

**Malaria in New England.**—It has been the boast of the New England States that they are free from fever and ague, the scourge of the West and South. It is true malaria has prevailed in the history of these states, but the prevalence has been at long intervals, and with many years of complete immunity. For forty years prior to 1865 fever and ague was unknown in that part of the Union. An epidemic of it followed the war of 1812, as also it did the war of the revolution, but between 1812 and 1865, the close of the war of rebellion, there occurred no cases *de novo* in the New England States. These facts led to the supposition that the germs of the malaria were imported by the soldiers returning to their homes from campaigns in malarial districts. While this cause may have operated in the epidemics referred to, something different must be suggested to account for the prevalence of the infection during the past summer. It appears that it has prevailed to an alarming extent, particularly along the Connecticut valley. In the Housatonic valley, in southwestern Massachusetts, hitherto a very healthy district, the malarial epidemic has been the severest ever known in New England, the disease attacking all classes of persons and of all ages, new residents and old, and casual visitors.

The nondescript State Board of Health of that state has undertaken an investigation into the causes of the unusual occurrence, and its report will be awaited with interest. In the meantime conjecture is rife and the opinion is expressed that the cause lies rather in the tainting of wells and water-courses by the discharges of fever and ague patients than in "the emanations from swamps or any other purely aerial or malarial agency."—*Michigan Med. News*.

**A Cold Process for Coffee.**—An exchange says that the full aroma of coffee can be extracted without any application of fire by the following process, and that indeed cold water gives the best results: Take five ounces of best Mocha or old Government Java, roast and grind to a coarse powder, pour the grounds into a glass bottle or decanter, pour on a sufficient quantity of cold water to cover the coffee, stop the bottle or decanter close, set in a warm place for thirty hours; now filter the infusion by passing it through some fine lawn or blotting-paper placed on a glass funnel, or by straining through muslin. The experiment, it is asserted, "will delight as well as surprise all ladies of intelligence and taste."—*Boston Jour. of Chem.*

**Treatment of Retroflexion of the Uterus, with Adhesions, by Forceful Separation of the Latter.**—Seven cases were treated by Dr. Aug. F. Erich, of Baltimore, with very beneficial results, except in two instances. The method employed was dilatation of the uterus by means of sponge and tupelo tents, and reposition with a large steel sound. The uterus is maintained in the normal position by an intra-uterine stem and a Hodge pessary. No peritonitis followed these apparently dangerous procedures.—*Amer. Jour. of Obstet.*

**Artificial Koumiss.**—*Boston Jour. of Chemistry*: One hundred parts condensed milk mixed with one thousand of water; one part of lactic acid, one half part of citric acid, and fifteen parts of good Jamaica rum or French brandy; charge with carbonic acid gas, bottle and let stand some days in a warm room till the liquid begins to froth.

**Multiple Sympathetic Affections Caused by the Presence of Intestinal Worms.**—Dr. Guermonprez (*Journal des Sciences Méd. de Lille*) reports this curious case:

A girl, eleven years old, without morbid antecedents, and lacking all hereditary taint, had occasionally passed some long, round worms (*ascaris lumbricoides*), but in less number than many other children living in the same locality. Her father noticed that her intelligence began to weaken, and that she exhibited peculiarities of character. She would tear her clothes, run away from home, or grow morose, irritable, and perverse. Her memory began to fail her. At irregular intervals, and without appreciable cause, these psychical disturbances became even more marked. Her nights would then be spent in restless agitation. This lasted about a month. The restlessness was at that time constant; when about she must walk; if stopped she stamped her feet, kicked with irregular movements, gave no answers. When seated her limbs were in perpetual motion. There were moments of apparent calmness, but also decided exacerbations. Hearing was lost and vision became impaired. In addition speech forsook her, and her face was distorted by grimaces. Frequently she cried, at other times she appeared to be viciously inclined, pursuing her sister with a knife. Again she would be the victim of actual hallucinations. The bodily functions were regularly performed, but she had grown somewhat thinner. Opium, chloral, bromide of potassium, and baths all proved unavailing in the cure of her malady. At length a vermifuge was tried, and thirty-seven worms were passed. On the following day the nervous condition was visibly improved. In twelve days she passed about eighty worms, and as she got rid of them her agitation subsided and her intelligence returned. In two months she had completely recovered, and the cure has remained undisturbed for the two years since that time.—*Gaz. Méd. de Paris; Medical Record.*

**Papayne.**—The fruit of the papaw tree has long been used in the West Indies in order to render beef-steaks tender. An incision is made into the rind of the unripe fruit, from which liquid juice issues, and if the beefsteak be rubbed over with this and then left for a while it becomes tender, however tough it might otherwise have been. For nearly two years back we have been engaged (Practitioner) at intervals, along with Mr. Wyatt, in making some experiments on the digestive action of some unripe fruits, occasionally furnished to us by Prof. Thistleton Dyer, of Kew.

We have tested the digestive power of this solution and find that it is very active. We have compared it with a specimen of pepsin of Messrs. Bullock & Reynolds, which we knew to be active, and also with the *liquor pancreaticus* (Benger) of Messrs. Mottershead & Co., of Manchester, and find it to surpass them both in the power of digesting either cooked meat or hard-boiled white of egg. Not only does it digest more rapidly, but more easily. When either the white of egg or the cooked meat is put into a small quantity of the papayne solution it becomes partially digested, and then the digestive action appears to cease; but when a similar experiment is made, taking the same quantity of liquid in each case, and equal quantities of pepsin and papayne, the digestive action of papayne goes on uninterruptedly until the whole of the substance has become dissolved. Unlike pepsin it does not act in an acid solution. There

is no doubt whatever that we have in this substance a digestive agent of very great potency, and one which is likely to come into very general use in medicine. We believe that the French firm who introduced this substance into medicine will shortly appoint an agent in this country, if indeed they have not already done so.

**Intermittent Hydrocephalitis.**—Seeligmüller (*Deut. Med. Woch.*) has collected thirteen cases of a rare intermittent articular affection. In healthy patients without prodromata an extreme swelling of one or both knees appears without inflammatory symptoms and without fever. The swelling soon reaches its maximum, remains a short time stationary, and disappears completely. In the majority of cases the symptoms recur at certain intervals with regularity, the interval being from eight days to two weeks, and lasts from four to six days. The knees are the most frequent site for swelling; more rarely the hip is affected at the same time. Little is gained by treatment, though in two cases quinine and arsenic were said to be of some use. The pathology is not understood, but any connection with the ordinary poison of intermittent fever has not been shown, and is not probable, as in only two of the patients could any other symptoms of intermittent fever be determined. The observer publishes one case, which continued through the greater part of the patient's lifetime.—*Bost. Med. and Surg. Journal.*

**Japanese Paper Air-cushions.**—Japanese paper air-cushions are said to have some advantages over those made of rubber. They may be rolled into a package of smaller dimensions when not in use; they will not stick together as rubber does after it is wet, and for pillows they are better because they have no odor. Their strength is marvelous, a man weighing one hundred and sixty pounds may stand upon one without bursting it. They are said to be water-proof, and to make excellent life-preservers.—*Boston Journal of Chem.*

**Nitroglycerin in Migraine, Asthma, etc.**—Dr. A. W. M. Robson finds this remedy suitable for such cases as are usually proper for the use of nitrite of amyl, but it is more permanent in its effects and powerful. One or two drops of a one-per-cent solution will usually suffice, although sometimes three or four minims may be needed. One to eight minims have proved serviceable in angina pectoris, the dose being gradually increased to the larger amount.—*New Remedies.*

**A case in which one third of the clavicle, the whole of the scapula, and the upper extremity were removed for sarcomatous growth around the shoulder-joint by Mr. Edward Lund, F.R.C.S., Surgeon to the Royal Infirmary, Manchester, is reported in the British Med. Journal of October 16th. On the thirty-sixth day the wound was perfectly cured and patient comfortable.**

**Soluble Quinine Pills.**—Sulphate quinia three parts, tartaric acid half a part, and pure glycerin a quarter of a part. Rub up in a mortar the quinia and tartaric acid into an impalpable powder, and, having added the glycerin, rub up the mixture until it assumes a suitable consistence. Pills made from this, however dry and long kept they may be, remain completely soluble.—*Union Med.—Med. Times and Gaz.*